

# BEST AVAILABLE COPY

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AT		5-1-00
O.I.P.E. CLASSIFIER		15	5-5-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		60574	7-05-00

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Original	07 11 04 08
Final	01 04 21 11
1	02 03 03
2	✓ ✓ ✓ ✓
3	✓ ✓ ✓ ✓
4	✓ ✓ ✓ ✓
5	✓ ✓ ✓ ✓
6	✓ ✓ ✓ ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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